UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN

In Re:

CITY OF DETROIT, MICHIGAN, Case No. 13-53846-SWR

Chapter 9

Hon: Steven W. Rhodes

____/

STIPULATED WITHDRAWAL OF CLAIM

Creditor Name: Pro Care Health Plan Medicaid

Claim No. 1202

Amount of Claim: \$983.27

The undersigned counsel on behalf of Creditor, Pro Care Health Care Plan Medicaid and Interested Party, City of Detroit Law Department stipulate to the withdrawal of claim filed as noted above. The above creditor's claim will be resolved with the Medicaid recipient's attorney and will not be included in any disbursements under the Debtor's Plan of Adjustment.

/s/ Nicole M. Beauchamp

Nicole M. Beauchamp (P72759 Attorney for First Recovery Group on Behalf of Pro Care Medicaid 26899 Northwestern Hwy, Ste 280 Southfield, MI 48033 (248) 443-4800 Ext 283 nbeavchap@firstrecoverygroup.com

/s/ Mary Beth Cobbs

Mary Beth Cobbs (P40080)
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CERTIFICATE OF SERVICE

MARY BETH COBBS, certifies that on December 12,2014, she served a copy of this STIPULATED WITHDRAWAL OF CLAIM and this CERTIFICATE OF SERVICE on all attorneys of record by electronically filing the foregoing with the Clerk of the Court using the EFC system which will send notification of such filing.

I declare that the statements above are true to the best of my information, knowledge and belief.

Respectfully submitted,

CITY OF DETROIT LAW DEPARTMENT

/s/Mary Beth Cobbs
Mary Beth Cobbs(P40080)
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Dated: December 12, 2014